

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type::

Utility

Title::

SYSTEM FOR IMPROVING LOGISTICS,  
TRACKING AND BILLING FOR WORKER'S  
COMPENSATION INSURANCE

Total Drawing Sheets::

3

Small Entity?::

Yes

### **Applicant Information**

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Steven

Middle Name::

R.

Family Name::

Cox

City of Residence::

San Jose

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

1818 Greencreek Drive

City of Mailing Address::

San Jose

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address::

95124

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name:: R.  
Family Name:: Quirk  
City of Residence:: San Jose  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1815 Greencreek Drive  
City of Mailing Address:: San Jose  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95124